Date of Visit: Time syrup given:

Time of first blood sample:

Time of second blood sample:

Equine Metabolic Syndrome – Questionnaire

Identification Details

Identification Number: _____

Owner Details

Full Name: _____ Mobile Number: _____

Consent Form Signed: Yes / No

Pony Details

Name: _____ Microchip Number: _____

Sex: _____ Year of Birth: _____ Height: _____

Colour: _____ Pregnant: Yes / No Is this pony from a breeding farm: Yes / No.

Number of Years with Owner (please circle):

Since birth. < 1 year. 1-2 years. 3-5 years. 5+ years.

Pony Health Details

Heart Rate: _____ Respiratory Rate: _____ History of Colic/Ulcers: Yes / No.

Has this pony previously been diagnosed with laminitis: Yes / No.

Equine Metabolic Syndrome (EMS) Signs

Record for All Ponies

BCS: _____ CNS: _____ Weight Estimation in Kg (using weight tape): _____

Please circle the following and choose multiple if they are accurate:

Is there a localised adiposity? Yes / No; Is there a history of laminitis with this pony? Yes / No;
Are there signs of sub-clinical hoof changes? Yes / No

If There is a Localised Adiposity

Primary location of this adiposity (circle multiple if so):

Supra-orbital. Neck. Behind Shoulder. Tailhead. Mammary/ Sheath. Other.

If other please state anatomical region(s): _____

If There is a History of Laminitis

Last Episode Onset Date: _____ Number of Known Instances: _____

If there are Signs of Sub-Clinical Hoof Changes

Please Circle:

Divergent Hoof Rings. Soreness after Shoeing. Frequent 'Footy' Episodes.

Worming

Last FEC (if done): _____ Date of Last FEC: _____

Frequency of Worming (i.e., once a year, twice a year, etc.): _____

Date of last Worming: _____

Wormer Brand Used (Please Circle):

Eqvalan. Panacur. Equest. Equest Pramox. IverPraz. Ecomectin. Other.

If other, please state the brand name: _____

The Active Ingredient in the Wormer Brand Used (Please Circle):

Ivermectin. Fenbendazole. Moxidectin. Moxidectin & Praziquantel. Ivermectin & Praziquantel.

Stabling & Turn-Out

Stabled or Living Out: _____

If Stabled…

Turn out hours per day: _____

Time of day turned out:

Overnight. Morning. Over Midday. Afternoon. Evening. Varies during the day.

Turned out on Grass? Yes / No.

Muzzle Used? Yes / No.

Feed

Amount of forage in Kg given per day (excl. grass): _____

(If unknown, write unknown above but also comment if feed is restricted or not).

Name of hard feed/ balancer:_____

Amounts of hard feed/ balancer given per day:_____

Supplements Used:_____

Exercise

Type of Use:

Ridden. Companion. Broodmare. Other.

Number of Exercise Sessions per Week per Intensity

Easy: _____ Medium: _____ Hard: _____

Follow-Up

If this pony requires a follow-up, enter the identification (ID) number of its farm-match EMS/ control here: _____